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May 16, 2005

TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D.   
Director and Chief Medical Officer

Kae Robertson  
Managing Director   
Navigant Consulting, Inc.

SUBJECT: KING/DREW MEDICAL CENTER ACTIVITY REPORT – WEEK ENDING  
MAY 13, 2005

This is to provide you with an activity report for the week ending May 13, 2005, for King/Drew Medical Center (KDMC). This report details activities conducted by the Director of Department of Health Services (DHS) and Navigant Consulting, Inc.

**DHS DIRECTOR**

- Attended Hospital Advisory Board for KDMC. Major accomplishments of the Board included the naming of Hector Flores, MD, as the Chairman of the Board, the formation of an ad hoc committee to review operational improvements, an update on the formation and organizational meeting of the quality subcommittee, an update from Navigant on progress and issues in the hospital, and an orientation to requirements of the Brown Act.
- Met with Chair of Emergency Medicine and reviewed issues of staffing. Looked at three different methods to assess adequacy of staffing (comparison with other DHS facilities, review of Residency Review Committee requirements, and use of private sector staffing studies). All three methods projected the staff needed to be 14-15 FTEs based on a projection of 45,000 to 50,000 visits, to both the emergency room and urgent care, during the next year. Reviewed data regarding resident performance on in-training and board certifying examinations. Residents have scored among the top four programs nationally on the in-training and also have a high pass rate on the certifying exam (92 percent, 100

percent, and 92 percent in the last three years). One of the best teachers and clinicians recently resigned due to concerns about the future of KDMC. He is working in another locally and reportedly is struck by the fact that the patients he is seeing come in for significantly more minor ailments than those he treated at KDMC.

- Met with Harry Douglas, PhD, Interim President of Drew University, and reviewed plans for the December 2005 site visit by the American Council on Graduate Medical Education (ACGME). Also reviewed outstanding issues with the contract.
- Attended Board of Supervisors meeting on May 10, 2005.
- Met with Chair of Otolaryngology (ENT) to review their Department. All patients in ENT are assigned to a staff physician rather than a resident. All residents for the last 10 years have passed their board exams on the first try. One resident won teacher of the year four years straight and then joined the UCLA faculty and won faculty teacher of the year at UCLA.
- Met with Chair of Obstetrics and Gynecology. Residents are improving on examination. Over 70 percent now pass boards on first try. Significant issues exist with regard to keeping senior staff.
- Reviewed the process used to look at root causes and corrective actions related to legal actions against the County. Devised an additional process whereby either Bruce Chernof, MD, or I, and each hospital Chief Medical Officer (from all five facilities) will review the causes and corrective actions. This will provide additional clinical assessment and promote learning across the system.
- Met with Chair of Oral and Maxillofacial Surgery. This service has significantly more breadth and depth than I had realized: community dentistry, general dentistry, oral and maxillofacial surgery, and research. They have seen only minor drop off in service need since the closure of the trauma program.
- Participated in the "Select Committee on the Los Angeles County Health Care Crisis" chaired by Assemblymember Mark Ridley-Thomas.

#### **NAVIGANT CONSULTING, INC.**

- ***Pressing Issues***
  - Opportunities for improvement in security were identified in both an Office of Public Safety (OPS) review and administrative review in June 2004. It was recently identified that the facility did not act on all of the recommendations. A review was initiated to evaluate what recommendations were implemented and actions were taken to address some recent breaches of security and to identify any additional security measures that need to be put in place. This is being done in conjunction with OPS. Appropriate disciplinary action will be taken with regard to any staff that failed to implement the prior recommendations. A memo was sent to staff requested increased vigilance in inspecting visitor passes and notifying security if there is anyone on the medical units without identification.

- Flyers were posted throughout the facility with implied threats for changes in services at KDMC. The flyers were removed. The DHS Administration, Department of Human Resources, and OPS were notified. OPS has taken appropriate actions and notified all local authorities, including law enforcement. OPS also has taken measures to increase security at the hospital.

- ***Progress Made in KDMC Quality Turnaround Plan***

- Further review has been requested into one patient death. If there is any follow-up required it will be provided under the peer review process and 1157 protection.
- KDMC Quality Turnaround Plan
  - Each month a report is provided to the Centers for Medicare and Medicaid Services on the status of implementing the recommendations for the original assessment. A copy is provided to the Board of Supervisors, Hospital Advisory Board (HAB), and DHS Administration. This month's report shows an additional 27 recommendations completed since last month's report. Key recommendations completed included:
    - Five in governance dealing with the formation of an active and involved HAB. The HAB has appointed officers, established both a Quality and Finance Committee, developed a Steering Committee to meet weekly and get more deeply involved over the next ninety days.
    - Four in environment of care dealing with regulatory compliance with patient safety. Administrative rounds were initiated and will occur weekly to review each unit from an environment of care. This is important for oversight of the facility and to regain accreditation by the Joint Commission on the Accreditation of Healthcare Organizations.
- Physicians
  - The medical staff leadership has put in place an expedited peer review process for unexpected deaths. This is critical in identifying and implementing improvements in medical care.
- Nursing
  - Nursing and Department of Human Resources held a Nursing Recruitment day that was very successful. Over sixty potential new recruits attended. Some registered nurses were hired that day pending background checks. Recruitment fairs will now be held on a bi-monthly basis.
- Pharmacy
  - The cameras for inventory security were turned on. Correspondent was sent to SEIU Local 660 notifying them of this fact and requesting a meeting, which has not yet occurred.

- Human Resources
  - Five new personnel were hired this week, including one pharmacist and one Licensed Vocational Nurse.
  - Ten cases were referred for discipline to HR, seven nursing, one medical staff and two other staff.

Please let us know if you have any questions.

TLG:KR:mm

c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors